

City of Yukon  
Utility Billing Department  
PO Box 850500 ♦ 500 W Main ♦ Yukon, OK 73085  
405-354-1895 ♦ Fax 405-350-8909 ♦ [customerservice@cityofyukonok.gov](mailto:customerservice@cityofyukonok.gov)

## SELECT UTILITY ACCOUNT PASSWORD

*This form must be completed by the account holder  
Two forms of identification are required; at least one must be a photo I.D.*

I choose the following word as my password: \_\_\_\_\_

If I forget my password, my reminder question is: \_\_\_\_\_

Name of account holder \_\_\_\_\_

Service Address \_\_\_\_\_

Billing Address, if different \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list the first and last name(s) of individuals you authorize to conduct business with us on your behalf, both over the phone and in person. *This includes your spouse.* If you do not authorize anyone, then you are the only one who can discuss billing questions, transfer service, make a pay arrangement, stop service, etc.

1. Each person you select will need to come by our office in person with two forms of identification; at least one must be a photo I.D.
2. Please share your selected password with these individuals since they will need to use it whenever they contact us about your account.
3. Information submitted on this form remains in effect until you change it in writing.

Full Name

Home #

Mobile #

Work #

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Account Holder Signature \_\_\_\_\_

\_\_\_\_\_ Date